Form Approved OMB No.: 0920-0020

MINER IDENTIFICATIO DEPARTMENT OF HEALTH A							
CENTERS FOR DISEASE CONT NATIONAL INSTITUTE FOR OCCUPA							
COAL WORKERS' HEALTH SURVEIL	NIOSH Receipt Date:						
DIRECTIONS FOR HE	NIOSH FAX: 304-285-6058 Coal Workers' Health Surveillance Program						
Please make sure that all items are complete	1000 Frederick Lane, M/S LB208						
Facility Name			Morgantown, W	V 26508 Radiography Fa	cility Number	Unit Number	
				Naulography Fa		onit Number	
Exam Type(s) Health Program				Spirometry Faci	litv Number	Unit Number	
Analog Radiograph NIOSH CW		please specify)		. ,			
Digital Radiograph				Exam Date (MI	M/DD/YYYY)		
Spirometry				1	1		
	EDC		C	/		Fox	
DIRECTIONS FOR THE MINERS Miner' PLEASE COMPLETE AND MAKE ANY CORRECTIONS			Security Number		N is optional	Sex	
TO THE INFORMATION BELOW (PLE		-	-	Last 4	digits required	M F	
Miner's Name (Last)	(First)		(MI)	Birth Date (I	MM/DD/YYYY)		
				/	/		
Miner's Mailing Address		City		5	itate Zi	р	
Miner's Telephone Number		Mi	ner's Email Address	5			
Race (Check all that apply)				Ethr	icity		
American Indian or Alaska Native	Native Hawaiia	n or Other Paci	c Islander Hispanic or Latino				
Asian	White				Not Hispanic o	or Latino	
Black or African American							
Mine Name			MSHA Mi	ne ID Number			
Is your employer a Mine Operator	Contractor			itractor, enter			
Is your employer a Mine Operator	Contractor	ci	MSHA Contr	ntractor, enter actor Number		Stata	
Employers' Name	Contractor	Ci		•		State	
	Contractor	Ci	MSHA Contr	•		State	
Employers' Name			MSHA Contr	actor Number		State	
	Contractor Started Underground	/	MSHA Contr	•	/		
Employers' Name When did you <u>FIRST START WORK</u>	Started		MSHA Contr	actor Number Started	/ Month	State Year	
Employers' Name When did you <u>FIRST START WORK</u>	Started	/ Month	MSHA Contr ity Year	actor Number Started			
Employers' Name When did you <u>FIRST START WORK</u> in the Coal Mine Industry? How many TOTAL YEARS have you	Started Underground	/ Month 1d Ho	MSHA Contr ity Year	actor Number Started Surface urface	Month		
Employers' Name When did you <u>FIRST START WORK</u> in the Coal Mine Industry? How many TOTAL YEARS have you worked in the <u>Coal Mine Industry</u> ? How many TOTAL YEARS have you	Started Underground Undergrour Years	/ Month nd Ho wo	MSHA Contr ity Year Years S w many TOTAL YEA orked at <u>Your Curre</u>	actor Number Started Surface urface	Month	Year	

Coal Mining Job History

Please List in Order Any Coal Mine Job You Have Held and Mine Name (if information is provided please correct and/or update)

COAL MINE JOB		MINE NAME/COMPANY		Start Year	End Year	UNDERGROUND MINE Face Nonface Surfa			SURFACE MINE	
Example										
Continuous Miner O	perator	Mine Name/Co	mpany	1985	1990					
						_				
						-				
						-				
						-				
						-				
						-				
Have You Ever Worked	in Any Min	e Other than Coa	I? No	Yes	l If V	مد مامعدم	record num	her of vear	worked:	
				Nonmetal mines		es, please record number of yea Surface yea				
(For example, lead,		rface years worked derground years worked		(For example,	example, salt,			-	years worked	
	Undergrou			phosphate, limestone)		Undergro	und	years worked		
Have You Ever Worked	for More th	an 1 Year in Any	Other Dusty Job?	No	Yes	If Yes,	please reco	rd number	of years:	
Work with asbestos, ve	ermiculite or	talc	years	In foundry, p	ottery, or a	brasive ma	anufacturing	5	years	
Tunneling, drilling, quarrying, sand blasting years			Welding, cutting, or grinding metals					years		
Road construction, jack hammer, masonry saw years			Other dusty job (please specify)					years		

I wish to participate in the Coal Workers' Health Surveillance Program conducted under Section 203 of the Federal Mine Safety and Health Act of 1977 (30 U.S.843). I understand that reports of my examination will be mailed to me. I also understand that my results may be used to assess health and risks related to coal mining. My individual health information will be treated in a secure manner and information that can be connected to me as an individual will not be disclosed, unless otherwise compelled by law.

Signature

Date Signed (MM / DD /YYYY) / /

Public reporting burden of this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden to CDC, Project Clearance Officer, 1600 Clinton Road, MS E-11, Atlanta, GA 30333, ATTN: PRA (0920-0020). Do not send the completed form to this address.